



# REG-3-C Business Information Update

## Step 1: Read this information first

Complete the following information to update your registration information. To change or update your responsible party, complete Schedule REG-1-R, Responsible Party Information. Mail your completed information to **Illinois Department of Revenue, P.O. Box 19030, Springfield, Illinois, 62794-9030**. You can also fax your information to **217 785-6013** or **217 557-4398**.

## Step 2: Identify your current business

1	_____	4	FEIN or SSN: _____
	Business name		
2	_____	5	(____) _____ - _____
	Number and street City State ZIP		Telephone
3	_____		
	Email address		

## Step 3: Discontinuation or sale of entire business - If you sold your business, Form CBS-1, Notice of Sale, Purchase, or Transfer of Business Assets, may be required. Visit our website at [tax.illinois.gov](http://tax.illinois.gov) for more information.

6 Date this became effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Step 4: Change business name - If your FEIN has changed due to a name change, you must complete a new Form REG-1, Illinois Business Registration Application. For a copy or to register on-line, visit our website at [tax.illinois.gov](http://tax.illinois.gov).

7 Previous legal business name: \_\_\_\_\_ New legal business name: \_\_\_\_\_

8 Previous DBA name: \_\_\_\_\_ New DBA name: \_\_\_\_\_

## Step 5: Change current address

a	Legal address - Date this became effective: ____/____/____		
9	_____	12	(____) _____ - _____
	Number and street City State ZIP		Telephone
10	_____	13	_____
	County		Township
11	Identify the taxes affected by this change (e.g., sales, hotel, etc.). _____		
b	Mailing address - Date this became effective: ____/____/____		
14	_____	17	(____) _____ - _____
	Number and street City State ZIP		Telephone
15	_____		
	In care of name		
16	Identify the taxes affected by this change (e.g., sales, hotel, etc.). _____		

## Step 6: Add a location - Date this became effective: \_\_\_\_/\_\_\_\_/\_\_\_\_ Complete Schedule REG-1-L, Illinois Business Site Location Information, to add more than one location. For a copy or to add a location on-line, visit our website at [tax.illinois.gov](http://tax.illinois.gov).

18	_____	21	(____) _____ - _____
	Number and street City State ZIP		Telephone
19	Check the best <b>physical</b> description of this location: <input type="checkbox"/> permanent <input type="checkbox"/> one that will change (e.g., fairs, flea market)		
20	Is the address outside the city limits? <input type="checkbox"/> yes <input type="checkbox"/> no		

## Step 7: Close a location - Date this location closed: \_\_\_\_/\_\_\_\_/\_\_\_\_

If closing more than one location, attach a separate sheet following the same format as below including the date closed.

22	_____	24	_____
	Number and street City State ZIP		Township
23	_____		
	County		

## Step 8: Change your owner or officer information

### 25 Individuals - Social Security Numbers (SSN) required

**a** \_\_\_\_\_  
Name Title

Home address - **No** PO Box number City State ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth Telephone \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
SSN

**b** \_\_\_\_\_  
Name Title

Home address - **No** PO Box number City State ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth Telephone \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
SSN

**c** \_\_\_\_\_  
Name Title

Home address - **No** PO Box number City State ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth Telephone \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
SSN

**d** \_\_\_\_\_  
Name Title

Home address - **No** PO Box number City State ZIP

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth Telephone \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
SSN

### 26 Businesses - Federal Employers Identification Numbers (FEIN) required

**a** \_\_\_\_\_ - \_\_\_\_\_  
Name FEIN

Legal address

City State ZIP

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
Phone

**b** \_\_\_\_\_ - \_\_\_\_\_  
Name FEIN

Legal address

City State ZIP

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
Phone

**c** \_\_\_\_\_ - \_\_\_\_\_  
Name FEIN

Legal address

City State ZIP

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
Phone

**d** \_\_\_\_\_ - \_\_\_\_\_  
Name FEIN

Legal address

City State ZIP

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ownership percentage: \_\_\_\_\_  
Phone

## Step 9: Identify a contact person regarding your business

27 Name: \_\_\_\_\_ Title: \_\_\_\_\_

28 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Fax Email address

## Step 10: Comments

## Step 11: Sign below

Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone

This form is authorized by 20 ILCS 687/6-1 et seq.; 35 ILCS 5/1et seq.,105/1et seq., 110/1et seq., 115/1et seq., 120/1et seq., 130/1et seq., 135/1 et seq., 143/10-1et seq., 155/1 et seq., 505/1et seq., 510/1et seq., 615/1et seq., 620/1 et seq., 625/1et seq., 630/1et seq., 635/1et seq.; 636/5-1 et seq.; 640/2-1 et seq.; 230 ILCS 20/1 et seq.; 25/1et seq., 30/1et seq.; 235 ILCS 5/1-1 et seq.; 305 ILCS 20/5 et seq., 415 ILCS 5/55.8; 415 ILCS 125/301et seq.; Disclosure of this information may be REQUIRED. Failure to provide information could result in this form not being processed and possible penalties.